

## Chapter 4 - Progress Report

This chapter describes notable activities undertaken by community providers, Department of Community, Trade and Economic Development (CTED), and Department of Social and Health Services (DSHS) to better serve homeless families in Washington State. These innovative strategies are showing positive results.

### Washington State Policy Academy

*"I was pregnant when I was fourteen and didn't have a place to live. When my daughter was born we moved in and out of friends' houses a lot. It was tough and troubling. I felt like we were always getting in the way of others. The folks at Kitsap Community Resources have taught me a lot, including parenting skills. It has been possible for me to graduate from school, be successful at my job and achieve goals like getting my own place to raise my children."*  
- Kitsap Community Resources Teen Parent House and Transitional Housing Program Participant

In September 2001, Washington was one of eight states chosen to participate in a National Policy Academy entitled, "Improving Access to Mainstream Services for Persons Who Are Homeless; Policy Academy for Families with Children." In November 2001, the federal departments of Health and Human Services (HHS) and Housing and Urban Development (HUD) co-sponsored the Policy Academy for state and local policy makers.

The goal of the Academy was to assist state and local policymakers to develop a state action plan. The intent was to improve access to mainstream health and human services that are coordinated with housing for homeless families with children. Participation in the Academy was determined by the federal sponsors, and included ten people from Washington State. The sponsors specified mandatory participation from state directors for mainstream services of Temporary Assistance to Needy Families (TANF), Medicaid, Alcohol and Substance Abuse, Mental Health, Head Start, and representation from the legislature and the Office of the Governor. Washington's team added participation from the chair of the Governor's State Advisory Council on Homelessness, the Executive Director of the Washington State Homeless Coalition, and a representative of the Association of Washington State Housing Authorities.

The Academy consisted of two days of information sharing and technical assistance from the federal sponsors as they supported staff to evaluate the strengths and identify the gaps and opportunities to improve access to mainstream services for homeless families.

Since November 2001, the Washington State Policy Academy has continued to meet and develop the state's Action Plan for homeless families. Four priorities were identified:

*Priority 1: Elevate Homelessness – Articulate a vision*

throughout government and educate the public regarding homelessness

*Priority 2: Case Management and Housing Services Connected and Coordinated* – Across government, community services, cultures

*Priority 3: Improving Linkages* – With and between the mental health and chemical dependency systems

*Priority 4: Building Capacity* – Seek opportunities to serve diverse communities and identify best practices.

DSHS, CTED and the rest of the Academy members will be integrating these priorities into the Homeless Families Plan over the next two years.

### **DSHS Homeless Families Study Report Widely Distributed**

*750 families are sheltered in emergency housing each night.*

The study of homeless families being helped by shelters provided the most comprehensive description of homeless families ever compiled in our state. It has been especially useful to policy makers concerned with the problem of homelessness and provided them information on how many children were living with their parents at shelters or living elsewhere, how long the family had been homeless, where they tended to live before coming to a shelter, and how many received public assistance once they became homeless. This information has contributed to the work of state agencies and homeless advocates who have been working together to improve the delivery of services to homeless parents and their children.

Points of interest include the following:

- 750 families are sheltered in emergency housing each night
- Higher rates of homelessness exist in rural areas relative to population
- families were homeless for about 1/3 of the year, on average.

### **No Wrong Door**

*DSHS has 10 No Wrong Door start-ups in place*

The No Wrong Door model is an integrated multi-disciplinary approach to providing human services to individuals and families in need. Currently, DSHS has 10 No Wrong Door start-ups in place. With the exception of Management Services Administration, which is not involved directly with delivery of social services, all administrations are involved in at least one of the No Wrong Door models. Initially administrations have chosen to focus No Wrong Door practices on clients with multiple needs and challenges. Case staffing is the primary strategy to better serve clients, as well as a new reliance on

multiple partners within and outside of the department. The Community Services Division pilot project in three Community Services Offices (CSO) coordinates team-based case management with co-located and off-site partner providers.

The following scenario highlights the new practices. A homeless, abused woman with two children appears at the local Community Services Office for help. A case manager performs an initial need assessment and determines that the mother needs housing, transportation, medical care, money, food, child care, counseling, a job, and information about how to stay safe. The case manager next makes referrals to team members, including a family planning nurse, childcare personnel, a social worker, an Employment Security Department job coach, and a domestic abuse counselor. All of these services are immediately available during the client's first office visit.

### **Community Service Organization Best Practices in Serving Homeless Families**

All regions of the Community Service Division describe intensive efforts to more effectively serve homeless clients.

These include:

- Continuum of Care and Homeless Task Force involvement
- New collaborations that use a triage approach, including outreach and case management from community partners to seriously mentally ill homeless people
- Same day intake for non-TANF and next day intake for TANF clients who are homeless
- Special focuses on serving homeless by CSO social workers and administrators
- In-depth assessments to identify and deal with underlying problems of homelessness

### **TANF Timeline Extensions for Those Most in Need**

At the request of the Governor's Office and in partnership with stakeholders, the Economic Services Administration has developed numerous program improvements to better serve TANF clients. Multi-agency teams who review the family's status and develop intensive employment plans are assessing all families nearing the 60-month time limit.

It is also recognized that there are many families who, through no fault of their own, need additional support services and an

extension of the 5-year time limit. These families include grandparents and other adults who are caring for related children, persons with disabilities, and those persons who are caring for family members with disabilities, including children with special needs. DSHS will continue to maintain a safety net program for impoverished children so that they will not be penalized if the parent chooses not to participate in WorkFirst activities. In this situation children will receive grant funds through a protective payee.

**Application for  
DSHS Benefits Gets  
Easier**

*Families needing assistance can now apply using a simplified form available online, by phone, at local DSHS offices, or by mail.*

Application for cash, food and medical assistance became easier and faster on July 1, 2002 when the agency introduced a simpler, shorter application form. Many people, who are eligible for benefits, including homeless family members, haven't applied for benefits because the paperwork has been so complicated.

The new application is much shorter and easier to read and fill out. Diverse government agencies and advocacy groups helped with the project to develop a better application form, including Social Security Administration, Health and Human Services, Food and Nutrition Service, Hopelink, and Columbia Legal Services.

95% of the DSHS clients who tried out the new form said it was easy to complete and understand. The application form is available in English and 29 other languages, online ([www.onlinecso.dshs.wa.gov](http://www.onlinecso.dshs.wa.gov)), at local DSHS offices, and by mail.

**Removed Barriers  
for Working  
Connections Child  
Care**

DSHS recognizes that homeless parents, in order to achieve independence, need an appropriate place to provide care for their children while they seek permanent housing, seek employment, attend appointments necessary to stabilize their situation, or as needed to reduce parental stress that threatens the health and safety of the family. Crisis-centered, short-term childcare is available to eligible homeless families through contracted community agencies, who authorize services to licensed/certified childcare providers.

This statewide program is available to all eligible families who apply for services. The large urban areas of our state see higher program usage than the rural areas – funds are transferred each year from low use counties to high use counties for the most effective use of funding. Contracted agencies report that many homeless families are able to

access the primary DSHS childcare subsidy program, Working Connections Child Care (WCCC). This program offers greater family stability by providing long term child care subsidies.

Improved access to the application process has contributed to access for homeless families. Improvements include CSO On-Line, Help for Working Families' toll-free system of connecting families to local offices, and Regional Call Centers that complete the eligibility determination over the phone.

DSHS made changes to the eligibility criteria for the Homeless Child Care Program during SFY 02 to increase its accessibility. Input is continually sought from contracted agencies to identify needs of clients and potential improvements.

### **Division of Alcohol and Substance Abuse (DASA) Outstations in Community Services Offices**

Each of the 61 CSOs has a chemical dependency counselor available on at least a part-time basis on-site to provide screening and counseling to clients when appropriate. Contracted services are calculated depending on the size of the CSO and number of TANF clients served. The total number of full-time employees contracted through DASA is 29.2. Six CSOs have a counselor available 40 hours a week. These services are acknowledged as very useful by CSO staff in providing quick referrals for treatment services and improving coordination of services to clients.

### **Domestic Violence Staff in Community Service Offices**

To assist with identification of domestic violence issues, referrals and appropriate participation in WorkFirst staff, domestic violence counselors are co-located in 23 CSOs throughout Washington State. Because many families are homeless as a result of family violence, these services are perceived as critically important in stopping the cycle of family violence.

In addition to these contracted services, DSHS has a personal service contract with the Washington State Coalition Against Domestic Violence to provide front-line training services to all WorkFirst staff and community-based organization staff on family violence.

A new statewide group has been formed – the Family Violence Joint Advisory Committee with composed of representatives from all partner agencies, DSHS staff from line level to management level and clients of related services.

Homelessness has been identified as an issue that needs to be addressed by this group.

**Continued Funding  
of Homeless  
Families Plan (HFP)  
Initiatives**

As part of the 1999 Homeless Families Plan, the Legislature funded several new initiatives. These initiatives continue to be funded, including:

- \$10 million per year for the Additional Requirements-Emergent Needs (AR-EN) program
- \$2.5 million per year in DSHS Consolidated Emergency Assistance Funding (CEAP) transferred to CTED for distribution to community-based emergency shelter providers assisting families
- \$2.5 million per year in additional Emergency Shelter Assistance Program (ESAP) dedicated to homeless families with children
- \$5 million per year to provide transitional housing to homeless families
- \$5 million per year in capital funds to preserve and build emergency and transitional housing for homeless families

**Homelessness  
Training**

In FY 2002, DSHS staff members from the Community Services Division were surveyed to identify Best Practices in the training on homelessness issues, resources, and effective service delivery they had received in SFY 2000. Related policies were reviewed and discussed.

Most staff throughout the state found the original training helpful. Benefits of the training included:

- increased awareness of the issues and obstacles homeless people face;
- learning how to identify homeless people and the processes by which they are accepted into different programs;
- specific information about resources and coordination with other programs;
- re-engaging the CSO in homelessness as a community issue;
- building a network and taking the time to think and talk about needs of homeless people.

The ongoing dialogue with community partners and providers to resolve needs of homeless clients that has followed the training event has contributed to increased organizational capacity and better coordination of services.

### **DSHS and CTED Collaborations with Community Partners**

Supported by the positive outcomes of these and other new activities, opportunities for collaboration and coordinated working relationships between CTED, DSHS, and the Washington State Coalition for the Homeless continue to emerge. The interrelated mission and goals of these groups, as well as the Governor's Advisory Council on Homelessness and the Continuum of Care planning groups throughout the state have formed the core of a united effort to provide effective, accessible services for homeless families with children.

### **Homeless Families Receive Substance Abuse Treatment**

The Division of Alcohol and Substance Abuse (DASA) supports families with children as both a state and federal priority for publicly funded substance abuse treatment. Once individuals with children in their custody are assessed as needing and qualifying for treatment, they are moved to the front of what would otherwise be long waiting lists. Most enter treatment within a week to ten days following assessment.

In 2001, 164 homeless adult individuals with children in their care entered treatment: 60 received some form of residential care, while 104 were treated in outpatient settings. An additional 18 received detoxification services. In addition, 84 homeless adolescents (ages 12-17) received chemical dependency treatment. Of these, 10 homeless adolescents reported they had children in their custody when they entered into treatment.

### **Oxford Houses**

DASA supports Oxford Houses, a financially self-sustaining, statewide model that provides housing and long-term behavior modification services to individuals who, having accessed mainstream services, would very likely otherwise be homeless, or likely relapse into substance abuse. There are currently 101 self-governing houses (an increase from 82 in the last report) spread out across the state: 74 of these houses are for men and 27 for women. Each house determines whether they will take children as well. A total of 780 beds are available.

The recidivism rate in Oxford Houses is 5%. Approximately 80% of Oxford House residents with 20 or more months of recovery had been through two or more treatment programs prior to admission; 20% had been in 10 or more treatment programs. Some 68.8% of Oxford House residents had been homeless for an average of six months at some time prior to their admission; 22.6% reported homeless at the time of their admission to Oxford House. A 1998 study indicated a cost of \$25 per day for DASA to house a recovering individual. Oxford

House costs DASA approximately \$25 per month per individual.

DASA administers a federally funded revolving loan fund that facilitates the opening of new Oxford Houses. In addition, DASA supports county-employed outreach staff to provide assistance to houses and peer-run local chapters. Oxford Houses are not certified by DASA.

**Safe Babies, Safe Moms**

The Safe Babies, Safe Moms program serves approximately 275 substance-abusing pregnant, post-partum, and parenting women and the children (0-3) at project sites in Snohomish, Whatcom, and Benton-Franklin Counties. The project represents a state-level consortium formed by DASA, and includes the DSHS Children's, Economic Services, and Medical Assistance Administrations; Research and Data Analysis; and the Department of Health. The program was set up in response to the birth of a disturbing number of alcohol- and drug-affected infants.

Safe Babies, Safe Moms provides a comprehensive array of services, with a goal of stabilizing women and their young children, identifying and providing necessary interventions through a targeted intensive case management approach, and assisting women in transitioning from public assistance to self-sufficiency.

Safe Babies, Safe Moms provides housing support services for women and children, who stay up to 18 months in transitional housing. Of 330 women enrolled in the program since January 2000, 6.4% were homeless at the time of admission, and 25.8% were living in an alcohol/drug treatment facility or transitional housing. It is likely that a significant portion of this population would be homeless without this program.

Funding for the Safe Babies, Safe Moms program is coming to an end. Unless there is an additional budgetary allocation, the program will stop taking new clients for case management services on December 31, 2002, though women and children would remain a DASA priority population for residential treatment and housing support services.

**Statewide Rural Continuum of Care Planning**

CTED continues to lead a strong consortium of counties in rural areas around the state in developing a comprehensive system of homeless services where there are fewer resources and limited capacity to support an adequate base of housing



and services. In 2001 CTED, the Rural Steering Committee and the Washington State Coalition for the Homeless initiated a joint effort to improve the local cooperation of the mental health provider community (including the Regional Service Networks) and local homeless housing and service providers.

The objective was to create new partnerships for developing permanent supportive housing projects for people who are disabled and homeless. Two statewide forums and five regional workshops, supported with HUD technical assistance funds, brought together key local partners. This jumpstarted planning efforts in two communities to develop new permanent supportive housing.

Also in 2001, more communities were acknowledged to be working within their jurisdiction to share information and to develop a community-wide system to help people who are homeless. Resources were shared so that all member organizations, especially small organizations, could obtain federal funding to bolster their ability to offer expanded services beyond limited stays in emergency shelters. Each year since 1997, CTED has worked with member counties in the Rural Continuum of Care to obtain funding from HUD for a variety of homeless programs. In 2001, the state's Rural Continuum of Care program was awarded \$1.9 million to help fund 11 homeless projects.

### **Sound Families Partnership**

In July 2000, the Bill & Melinda Gates Foundation committed \$40 million to establish Sound Families for the benefit of homeless families in the Puget Sound region. The most pressing need was to build housing that provided the social services necessary to support families in their transition back to independence and self-sufficiency. CTED, along with local government and nonprofit organizations such as the YWCA, have worked with the Gates Foundation to evaluate and develop viable projects to fulfill the goal of building nearly 1,500 housing units over the next three years

Almost 300 units have been funded to date. Each Sound Families grant award included a capital grant of approximately \$27,000 per unit and an average service grant of \$4,700 for support services. The one-time Sound Families grant award is intended to support 15%-20% of the capital and initial service costs. The state's Housing Trust Fund is also used to bridge the gap in capital financing.

**Local Surcharge for  
Housing**

In 2002, the Legislature passed and Governor Locke signed into law House Bill 2060 that provided for a surcharge of ten dollars on each document recorded by the County Auditor for the purposes of building a fund to support affordable housing projects for low-income households throughout Washington state. A portion of the revenue generated through this surcharge will be deposited into the Housing Trust Fund (HTF) administered by CTED for operating and maintenance of low-income housing. Housing projects serving very low-income persons will retain another portion. This includes rental assistance programs and support funding for emergency shelters and licensed overnight youth shelters.

This is a new program and so the immediate impact on housing development and on housing for homeless families with children has not been determined. However, in a time of dwindling state revenue this is seen as a critical source of support to help bridge the gap in funding for housing. CTED has already developed guidelines for the funding that will be transmitted to the HTF and has made this resource available to eligible applicants in the Fall 2002 funding round. CTED will continue to monitor and evaluate the use of the surcharge revenues on housing projects for homelessness.